

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719055

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4		2		1		
5		0		3		
6		0		3		
7		0		3		
8		0		3		
9		0		2		
10		0		2		
11	1		1			
12		1				
13		2		1		
14		2		1		
15		0		3		
16	1		1			
17		1				
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TOTAL IND.	3		3			
TOTAL DEP.	18		23			
TOTAL CLAIMS	21		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS